

which physical medicine departments are abused, leading to wastage of time for both patients and physiotherapists. I therefore support Lord Horder's plea for more physical medicine specialists, and also plead for more co-operation from the other departments in the proper use of physical medicine.—I am, etc.,

London, W.1.

ALAN STODDARD.

SIR,—Sir Max Page (November 29, p. 1203) must have been singularly unfortunate in his contacts with physical medicine if his acquaintance with the practical workings of physiotherapy clinics causes him to labour under the impression that a "passive attitude towards the process of recovery" dominates modern physical medicine. The emphasis has so insistently and for so long been on the achievement of optimum restoration of function through planned activity that it is difficult to understand how the change in character can have escaped his notice.

If my reading of Lord Horder's letter (November 15, p. 1095) is correct, he pleads for the creation of additional posts in the trainee grade "to maintain the number of consultants in this field at an adequate level. . . ." I fail to find there any hint of sinister designs to produce more consultants in physical medicine with a dog-in-the-manger attitude, scanning the medical field for new spheres of interference and encouraging the physiotherapist to "be regarded as a universal healer." On the contrary I read into it a desire to see the specialist in physical medicine "take an honoured place in the service of medicine. . . ."

It is a pity that Sir Max should have based his critical remarks on a conception of physical medicine which has long since been disowned by reputable medical men who practise physical medicine at a time when a sincere effort is being made to improve the physical medicine services and their relation to medicine. The pity is all the greater as I am convinced that this is precisely what Sir Max would wish.—I am, etc.,

London, W.1.

PHILIPPE BAUWENS.

SIR,—There may be something in Sir Max Page's suggestion (November 29, p. 1203) that long courses of physiotherapy in certain cases are not necessary or, in fact, desirable. But surely that is a very sound argument in favour of having a full-time physical medicine specialist in every large physiotherapy department. He would see every patient sent to the department, advise as to treatment, judge the effect on the patient, and decide the length of the course. He would work in collaboration with the referring physician or surgeon, who has neither the time nor the inclination for close supervision of treatment which Sir Max rightly says is so advisable.

As to the specialist tending to "magnify the importance of his own subject and to enlarge his department," this is almost impossible in these days of boards, committees, subcommittees, and so forth. And, anyhow, he does not recommend the patients, they are sent to him by the consultant.—I am, etc.,

Bristol, 2.

A. T. SPOOR.

### Test for Occult Blood

SIR,—With reference to Dr. Aneurin Hughes's paper (November 1, p. 970) and the following correspondence, may we be allowed to draw attention to an important factor which does not appear to be sufficiently appreciated? Dr. Hughes does not specify the batch of benzidine he has been using for his tests, nor is the grade of benzidine used stated in some of the recent publications on this subject. The different batches and grades of benzidine now on the market and used for occult blood tests do, however, vary widely in sensitivity as compared with the Analar grade. This has been borne out by a series of controlled tests performed in this laboratory, using different batches from several sources, but identical technique. Some batches showed even a fivefold decrease of sensitivity compared with Analar. The latter, unfortunately, is no longer pro-

duced in this country, apparently due to the fact that at one stage in the process of purifying to Analar specification benzidine assumes highly carcinogenic properties.

The position at present appears to be that some laboratories are still using stocks of Analar benzidine, while others use that now supplied "for blood tests." This obviously introduces some confusion into the already controversial subject of evaluation of methods used for occult blood tests. It is quite conceivable that workers using the same method but different batches of benzidine may obtain divergent results, which in turn will influence their opinion of a given method. We have, therefore, for the last year been using Analar ortho-tolidine, stocks of which are still available. A working solution of this reagent is stable for at least two weeks. The test has been adjusted so as to give the same degree of sensitivity as obtained with Analar benzidine by the standard methods.

It is highly desirable that specification for benzidine used in occult blood tests be introduced so as to conform with a generally accepted degree of sensitivity.—We are, etc.,

J. KOHN.

T. O'KELLY.

London, S.W.15.

SIR,—I have read with interest Dr. S. Lipetz's letter (November 22, p. 1149) describing the use of Gregersen's test for occult blood in emergencies. Although I do not doubt that this test can be carried out with great ease and rapidity at the bedside, I would like to point out that many false positive results may occur, unless a controlled diet—that is, excluding meat, liver, etc.—has been given to the patient for at least two days before the test is carried out.

I feel, therefore, that the sensitive Gregersen's test would be of hindrance rather than of help in such cases of emergency where an immediate diagnosis is desirable.—I am, etc.,

Bushy Heath, Herts.

L. K. MANNING.

### Cardiac Arrest

SIR,—We would like to make a few observations in reply to Mr. Eric M. Nanson's letter (November 22, p. 1150). We entirely agree that the essential procedure in the treatment of cardiac arrest is cardiac massage and adequate oxygenation. This cannot be stressed too strongly, and we said so several times on the first page of our paper. In cardiac asystole it is undoubtedly the most effective treatment and the most successful. In ventricular fibrillation it is also of vital importance, and to quote what we said: "Provided that adequate oxygenation is maintained and direct cardiac massage promptly initiated and maintained, shock therapy can be applied without undue haste." This covers Mr. Nanson's point about massage sometimes being all that is required. We entirely agree with this and consider that about five minutes' cardiac massage and oxygenation is worth while trying before any form of electrical defibrillation is employed. It is quite useless to expect defibrillation to occur by whatever the method employed as long as the heart is anoxic, as one of our animal results quoted exemplifies.

As regards Mr. Nanson's comments on maintaining systemic blood pressure, the figure we quoted was obtained from the femoral artery of a dog and we have not any figures on patients as yet, except in so far as they were unrecordable by the usual type of sphygmomanometer. Our suggestion was that to augment the low pressures obtainable with cardiac massage the simultaneous administration of *noradrenaline* might be helpful. We have as yet no experience with calcium chloride on patients, but are in process of trying it experimentally, and quite agree that it may well be a useful drug under these circumstances.—We are, etc.,

IAN McMILLAN.

F. B. COCKETT.

London, S.E.1.

SIR,—Under the title "Cardiac Arrest" (November 22, p. 1150) Mr. Eric M. Nanson states that "in order to perform adequate 'cardiac massage'" it is essential to